



25/1/03
HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last) Pacopac	(First) James	(Middle) C.	TELEPHONE 528-5557 x 222	
MAILING ADDRESS (Street) 1001 Bishop Street American Savings Tower Suite 1501		(City) Honolulu	(State) Hawaii	(Zip Code) 96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Pacific Resource Partnership			TELEPHONE 528-5557 x 222	
MAILING ADDRESS (Street) 1001 Bishop Street American Savings Tower Suite 1501		(City) Honolulu	(State) Hawaii	(Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Bruce A. Coppa			TELEPHONE 528-5557 x 224	
MAILING ADDRESS (Street) same as above		(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

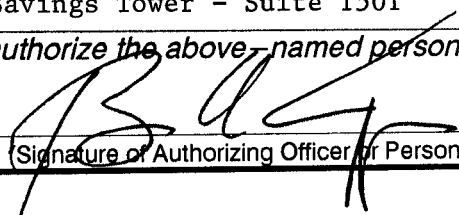
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist) January 13, 2003
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Bruce A. Coppa		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
NAME OF ORGANIZATION (if applicable) The Pacific Resource Partnership		TELEPHONE 528-5557 x 224		
MAILING ADDRESS (Street) 1001 Bishop Street American Savings Tower - Suite 1501		(City) Honolulu	(State) Hawaii	(Zip Code) 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
 (Signature of Authorizing Officer or Person Represented)		January 13, 2003 (Date)		